

**RECEIVED
CENTRAL FAX CENTER****DEC 11 2006****FAX TRANSMISSION****DATE:** December 11, 2006**PTO IDENTIFIER:** Application Number 10/522,140
Patent Number**Inventor:** Tino ARLT**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Kevin R. Spivak

PHONE: (703) 760-7762**Attorney Dkt. #:** 449122076800**PAGES (Including Cover Sheet):** 7**CONTENTS:** Fee Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Response to Non-Final Office Action (2 pages)
Transmittal (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 760-7762 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

MORRISON & FOERSTER LLP1650 Tysons Blvd, Suite 300, McLean, Virginia 22102
Telephone: (703) 760-7700 Facsimile: (703) 760-7777

RECEIVED
CENTRAL FAX CENTER

DEC 11 2006

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/522,140

Attorney Docket No.: 449122076800

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 11, 2006
Date


Signature

Gail Frohnert

Typed or printed name of person signing Certificate

Registration Number, if applicable

(703) 760-7700
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Response to Non-Final Office Action (2 pages)

Transmittal (1 page)

DEC 11 2006

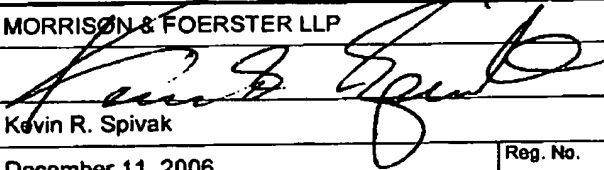
PTO/SB/21 (09-04)

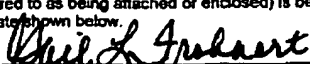
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/522,140	
	Filing Date	July 10, 2003	
	First Named Inventor	Tino ARLT	
	Art Unit	3748	
	Examiner Name	B. Tran	
Total Number of Pages In This Submission	6	Attorney Docket Number	449122076800

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP	
Signature		
Printed name	Kevin R. Spivak	
Date	December 11, 2006	Reg. No. 43,148

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: December 11, 2006	Signature:  (Gail Frohnert)

va-185434

DEC 11 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006		Complete If Known		
		Application Number	10/522,140	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 10, 2003	
		First Named Inventor	Tino ARLT	
		Examiner Name	B. Tran	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	Attorney Docket No.	449122076800

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):
Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
9		20	0		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
2		3	0				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50					
(round up to a whole number) x =							
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$150 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,148
Name (Print/Type)	Kevin R. Spivak	Telephone	(703) 760-7782
		Date	December 11, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: December 11, 2006	Signature: (Gail Frohnert)

va-185433